

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
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50						

TOTAL IND.

3

TOTAL DEP.

5

TOTAL CLAIMS

48

TOTAL IND.

100

TOTAL DEP.

100

TOTAL CLAIMS

100